

**THE HUGHEN CENTER, INC.**

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Port Arthur, Texas 77642

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**Instructions: This is an interactive form. Please complete all form fields, save the document and email this document to [info@hughencenter.org](mailto:info@hughencenter.org) or fax to 409-983-6408.**

**DENTAL EVALUATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City and State: \_\_\_\_\_ Zip: \_\_\_\_\_

**GINGIVAL TISSUE**

Normal: \_\_\_\_\_

Simple Gingivitis: \_\_\_\_\_

Hypertrophy: \_\_\_\_\_

Gingival Abscess: \_\_\_\_\_

Gingival Infection: \_\_\_\_\_

**TEETH**

Mobility (are teeth loose): \_\_\_\_\_

Calculus: \_\_\_\_\_

Abnormalities \_\_\_\_\_

Occlusion (describe): \_\_\_\_\_

Discoloration of Individual Teeth Denoting Pulp Disease: \_\_\_\_\_

Decay Present: \_\_\_\_\_

**ORAL HYGIENE**

Good: \_\_\_\_\_ Poor: \_\_\_\_\_ Describe: \_\_\_\_\_

**ADDITIONAL FINDINGS, RECOMMENDATIONS, OR COMMENTS:**

Date Next Exam Due: \_\_\_\_\_

Dentist's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City and State: \_\_\_\_\_ Zip: \_\_\_\_\_

*\*Signature required at time of placement.*